



Medicaid Information Bulletin

April 2000



Visit the Utah Medicaid Program on the Internet: <http://www.health.state.ut.us/medicaid>

TABLE OF CONTENTS . . . page number

00 - 26	Health Common Procedure Coding System - 2000 Revisions	2
00 - 27	We Survived Y2K	2
00 - 28	Medical Interpretive Services	2
00 - 29	Reporting Overpayments to Medicaid	3
00 - 30	Medicaid Budget Hearing for Fiscal Year 2002	3
00 - 31	Claims Payment System: Clinically Based Computer Auditing Program Anticipated July 2000	4
00 - 32	Dental Services: Clinically Based Computer Auditing Program	4
00 - 33	Free-Standing Ambulatory Surgical Center: Billing Services	4
00 - 34	Year 2000 CPT Codes	5
00 - 35	Laboratory Services: CLIA Requirements	6
00 - 36	Hospital Surgical Procedures (ICD-9-CM Codes)	6
00 - 37	Mental Health Centers: SECTION 2 Updated	6
00 - 38	Unspecified Services and Procedures	7
00 - 39	Codes NOT Authorized for an Assistant Surgeon	7
00 - 40	Client Newsletter Clientell to Be Published by Health Care Financing	8
00 - 41	Health Risks of Tobacco Use: Free Provider Materials	8
00 - 42	Prior Approval Required for Adagen (Pegademase bovine) and Cerezyme (Imiglyceraze)	9
00 - 43	Plan B®: 30-Day Limit	9
00 - 44	Limits on New Drugs Vioxx and Celebrex	9
00 - 45	Botox as Injectable, Not Medication	9
00 - 46	Injectable Medication Codes	10
00 - 47	Respiratory Syncytial Virus Immune Globulin Products: Use CPT Codes To Bill	10
00 - 48	Medical Supplies List Updated	11
00 - 49	Diabetes Self Management Training	12
00 - 50	Home Health Agencies: Telehealth Skilled Nurse Pilot Project for Patients in Rural Areas	12
00 - 51	Audiology Services: Hearing Aid Assessment	12
00 - 52	Procedural Change in Rebilling UMAP Claims to Medicaid	13

CONTENTS, continued page number

00 - 53	Use Correct Medicaid I.D. Number to Bill Physical and Occupational Therapy in Rehabilitation Centers	13
00 - 54	Submission Deadlines for Inpatient Medical Records	13
00 - 55	Vision Care Services: Ophthalmic and Optometric Codes Added	13
00 - 56	Dental Care Services: Year 2000 Code Changes	14
00 - 57	Oral Surgeons: Year 2000 Code Changes	14
00 - 58	Immunization Schedule for 2000	14
00 - 59	Medicaid Fraud Update	2

BULLETINS REQUIRED FOR

All Providers	00- 26, 27, 28, 29, 30, 31, 38, 40, 41, 59
Audiologists	00-51
CHEC Services Providers	00-58
Dental Care Service Providers	00-32, 56
Home Health Agencies	00-50
Hospitals	00-33, 36, 54
Labs	00-35
Medical Suppliers	00-48
Mental Health Centers	00-37
Occupational Therapist	00-53
Oral Surgeons	00-57
Physical Therapist	00-53
Physician Services	00-34, 35, 39, 42, 43, 44, 45, 46, 47, 49, 58
Prescribers & Pharmacists	00-42, 43, 44, 46,
UMAP Providers	00-52
Vision Care Service Providers	00-55

This bulletin is available in editions for people with disabilities.
Call Medicaid Information:
538-6155
or toll free 1-800-662-9651.

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call **538-6155**.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free **1-800-662-9651**.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

Send the Publication Request Form attached.

- by FAX: 1-801-538-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 26 Health Common Procedure Coding System - 2000 Revisions

Effective for dates of services on or after **January 1, 2000**, Medicaid accepts the 2000 version of the Health Common Procedure Coding System (HCPCS). Codes include the 2000 Physicians' Current Procedural Terminology (CPT) codes as well as all other HCPCS codes. For services on and after April 1, 2000, providers must use the 2000 HCPCS codes. Any 1999 HCPCS codes discontinued in 2000 may be used **ONLY** for dates of services prior to April 1, 2000.

Other articles in this Bulletin describe coding changes used by specific provider types such as physicians, medical suppliers and so forth. If you have a question concerning billing the 2000 HCPCS codes, please contact Medicaid Information. □

00 - 27 We Survived Y2K

We have all been through a time of planning and work to prevent potential problems related to the Y2K issue. Thank you for your part in the preparation which enabled a smooth transition to the Year 2000. □

00 - 28 Medical Interpretive Services

Medicaid clients are entitled to have an interpreter to assist in making appointments and during visits for qualified procedures. Many Medicaid providers have questions concerning the policy and procedures for providing foreign language interpreters for Medicaid clients. This bulletin is intended to help providers obtain interpretive services for clients.

Providers must notify clients that interpretive services are available to them at no cost. We suggest providers encourage clients to use this service rather than relying on a family member or friend, though the final choice is theirs.

Using an interpretive service provider ensures confidentiality as well as the quality of language translation. Accuracy of translation is especially important in health care visits.

Client Enrolled in an HMO

If the client is enrolled in an HMO, the HMO is responsible for providing interpretive service. Please contact the Member Services Department at the HMO.

Fee-for-Service Clients

Medicaid contracts with three agencies to give providers a choice of interpretive services for Medicaid clients. The service is only available to fee-for-service clients*. Two agencies are the International Rescue Committee (IRC) and Catholic Community Services (CCS). Both agencies can provide interpreters for most common languages. Please contact Edie Sidle with the IRC at (801) 328-1091 or Lina Boswell with CCS at 977-9119, extension 223.

When you call to request interpretive services, give the agency all information needed to bill Medicaid for the service. This includes the client Medicaid I.D. Number, date of service, type of service, language requested, and so forth

*Fee-for-service means services covered directly by Medicaid and not by a managed care plan or HMO. For more information, refer to the Utah Medicaid Provider Manual, SECTION 1, Chapter 3, FEE-FOR-SERVICE MEDICAID.

Expansion of Services

Medicaid is developing a Request for Proposal for foreign language interpretive services. When Medicaid contracts with other agencies, we will notify you in a Medicaid Information Bulletin. Information is also posted on the Medicaid web site:

<http://www.health.state.ut.us/medicaid>

□

00 - 59 Medicaid Fraud Update

The Director of the Division of Health Care Finance is preparing a report on the subject of Medicaid Fraud activities. The report will be issued in a Medicaid Information Bulletin within the next month. □

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call **538-6155**.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free **1-800-662-9651**.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
 - by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 29 Reporting Overpayments to Medicaid

There are two ways to report an overpayment to Medicaid and refund the amount overpaid. You can either call Medicaid Information or mail a check to the Office of Recovery Services. Here are two important reminders:

- ☞ Choose to either call or send a check. (Please don't do both, or the overpayment may be taken back twice!)
- ☞ These instructions apply only to fee-for-service payments, not to payments received from a managed care plan. Please see the last paragraph of this article for information regarding managed care plans.*

These are the methods for reporting an overpayment:

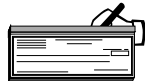
1. CALL MEDICAID INFORMATION



Call Medicaid Information to have the claim adjusted to the correct payment. If you choose to do this, the overpayment will be taken from future payments. (This is the method Medicaid staff use if they identify an overpayment.)

OR

2. MAIL A CHECK TO OFFICE OF RECOVERY SERVICES (ORS)



Make a check payable to Medicaid for the overpayment. Enclose either a Payment Adjustment Request form or a copy of the remittance statement with a circle around the TCN number of the claim you want to correct. (You can request the Payment Adjustment Request form by calling Medicaid Information, or you can copy it from the General Attachments section of the Utah Medicaid Provider Manual.) Write the reason for the overpayment on the remittance statement or Payment Adjustment Request. Possible reasons include third party payment, duplicate payment, or credit balance (if there was a CR on your remittance statement).

Mail the check and form to:

Office of Recovery Services
Medicaid Section, Team 85
P. O. Box 45025
Salt Lake City, Utah 84145

* Managed Care Plans: Each managed health care plan (HMO or mental health plan) has a process to recover overpayments. Please contact the individual plan for instructions about refunding an overpayment to a managed care plan. ☐

00 - 30 Medicaid Budget Hearing for Fiscal Year 2002

The Department of Health invites you to attend a special Medical Care Advisory Committee (MCAC) meeting to obtain public input on the Medicaid and UMAP (Utah Medial Assistance Program) budgets for Fiscal Year 2002. The meeting will be held Thursday, July 20, 2000 from 4:00 p.m. until 6:00 p.m.

A room for the hearing has not yet been designated. The place will be announced in the July 2000 Medicaid Information Bulletin published in mid-June. Also, we will issue a press release to the media and put a notice on the Medicaid web site under the link to What's New; or go directly to:

http://www.health.state.ut.us/medicaid/html/what_s_new.html.

Fiscal Year 2002 is July 1, 2001 through June 30, 2002. The MCAC is an advisory group which recommends funding and program directions to the Department of Health and the Governor.

If you know of special medical needs not being met by the Medicaid or UMAP programs, or want to speak on a budgetary matter of importance to you, please come prepared to make a short (no more than five minutes) presentation to the Committee. Copy services will be provided if you have a handout. **SIGNED PETITIONS ARE ENCOURAGED.** Your input will assist the MCAC in recommending a budget that will be more representative of Medicaid and UMAP providers and clients.

If you cannot attend the public hearing, but would like to write to the Committee about special medical needs, please mail comments by Monday, July 3, 2000, to:

MCAC
Box 143103
Salt Lake City, UT 84114-3103



Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

Send the Publication Request Form attached.

- by FAX: 1-801-538-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 31 Claims Payment System: Clinically Based Computer Auditing Program Anticipated July 2000

The Division of Health Care Financing is preparing to adopt a clinically based computer auditing program. Similar programs are already in use locally by some commercial third party payers. Programming changes are being made to the Medicaid claims payment system, Medicaid Management Information System (MMIS), to support the auditing program. The program incorporates correct coding principles and industry accepted standards and guidelines to identify appropriate procedures for provider billing and reimbursement.

July 2000 is the projected date for program implementation. Additional information about the implementation of this program will be provided in the July Medicaid Information Bulletin. However, as the auditing program is implemented, it may not be possible to provide notification of every individual revision or anticipated change which will be established.

Medicaid policy regarding coding principles and industry accepted standards and guidelines will remain the same. Medicaid will not change current policy and review processes for services requiring prior authorization, for procedures considered cosmetic, experimental or unproven, and for the use of unlisted or nonspecific procedure codes.

Adding computer support means claim edits will be applied more consistently. Some individualized editing will be built in to more fully support existing Medicaid Policy. Changes which result from implementation of the auditing program are expected to result in more appropriate payment for services. The new edits may affect claims and payment in the areas of:

- ▶ new and established visit coding;
- ▶ unbundling of services including pre and post operative care;
- ▶ laboratory testing;
- ▶ unilateral/bilateral procedures;
- ▶ billing of incidental procedures;
- ▶ billing of mutually exclusive procedures;
- ▶ billing of duplicate procedures;
- ▶ conflicts of age and/or sex in relation to a specific procedure; and/or
- ▶ billing for use of an assistant surgeon in cases where it is not appropriate.

When the program is fully implemented, the MMIS system will deny an inappropriate code, identify the correct code for reimbursement, provide an explanation, and pay the claim. □

00 - 32 Dental Services: Clinically Based Computer Auditing Program

On July 1, 2000, Medicaid will implement a clinically based computer auditing program. Beginning that date, dental claims will require tooth number and surface fields as well as the appropriate code. Dental providers must be accurate on tooth numbering, tooth surfaces, and quadrant or arch location codes.

Acceptable tooth surface coding is up to five spaces: I (incisal), M (mesial), D (distal), L (lingual), B (buccal), F (facial), O (occlusal). Acceptable quadrant location codes are double alpha codes placed in the tooth number field of the ADA claim form: LL (lower left), UL (upper left), LR (lower right), UR (upper right), and arch codes in the same field: UA (upper arch), and LA (lower arch). Codes requiring the quadrant or arch codes are space maintainer codes – unilateral spacers are tooth specific and bilateral spacers are arch specific. Acceptable tooth letter / numbers are: Primary, A through T; Permanent, 1 through 32.

For more information about the clinically based computer auditing program, refer to Bulletin 00 - 31. □

00 - 33 Billing Services in Free-Standing Ambulatory Surgical Center

An error has been corrected in the Utah Medicaid Provider Manual for Hospital Services, SECTION 5, Free-Standing Ambulatory Surgical Center, Chapter 4, BILLING.

The correction is that claims from surgical centers must be billed on a HCFA-1500 Claim Form. They cannot be billed on a UB-92 form. Hospital providers will find attached pages 6 - 7 of SECTION 5 which has the correct billing instructions to update their manual. A vertical line is placed in the left margin next to text which changed. □

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
 - by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 34 Year 2000 CPT Codes

The Medical and Surgical Procedures List in the Utah Medicaid Provider Manual for Physician Services has been updated. It now includes Year 2000 Current Procedural Terminology (CPT) codes which are not covered by Medicaid, require prior authorization, or have other limitations. The HCPCS descriptors, abbreviated in this bulletin, are stated in full on the list.

This bulletin describes the types of changes to the list. Corrected replacement pages are attached. For more information regarding the effective dates of this year's revisions, refer to Bulletin 00 - 26, Health Common Procedure Coding System - 2000 Revisions.

CPT Codes Not Covered

Medicaid does not cover the new CPT codes listed below. The codes are added to the list with the statement "NOT A BENEFIT."

- 33968 Removal of intra-aortic balloon assist device
- 50547 Laparoscopy surgical; donor nephrectomy . . .
- 58672 Laparoscopy surgical; with fimbrioplasty
- 58673 Laparoscopy surgical; with salpingostomy . . .
- 61862 Twist drill, burr hole, . . .
- 61886 Incision and subcutaneous placement of cranial neurostimulator; . . .

The codes listed below need further research and study to determine appropriateness. No supporting information can be found at the present time. Consequently, the following codes are not covered.

- 82120 Amines, vaginal fluid, qualitative
Literature available does not confirm ability to support diagnosis of vaginitis.
- 87338 Helicobacter pylori, stool
Other proven tests are available. Some questions exist here.
- 96570 Photodynamic therapy . . .
- 96571 . . . each additional 15 minutes

"S" and "G" codes Non-Covered

"S" and "G" codes are Medicare codes. Comparable CPT codes are available and used by Medicaid. "S" and "G"

codes are covered only when submitted as a crossover claim.

Codes Discontinued and Replaced

The CPT Manual 2000 replaced a group of codes which required prior authorization and consent. The prior authorization requirements which applied to the discontinued codes are now required for the replacement codes added. The codes discontinued and their replacements are listed below.

<u>Deleted</u>	<u>Replacement</u>	<u>NOT Covered</u>	<u>Prior Authorization Required</u>
Laparoscopy, surgical codes:			
56301	Replaced by 58670		PA - yes
56302	Replaced by 58671		PA - yes
56307	Replaced by 58661		PA - yes
56308	Replaced by 58550		PA - yes
56309	Replaced by 58551		PA - yes
56318	Replaced by 54690		PA - yes
56320	Replaced by 55550		PA - yes
56343	Replaced by 58673	not covered	
56344	Replaced by 58672	not covered	
56349	Replaced by 43280		PA - yes
Hysteroscopy, surgical codes			
56350	Replaced by 58555		PA - yes
56351	Replaced by 58558		PA - yes
56352	Replaced by 58559		PA - yes
56353	Replaced by 58560		PA - yes
56354	Replaced by 58561		PA - yes
56355	Replaced by 58562		PA - yes
56356	Replaced by 58563		PA - yes
Unlisted procedure, laparoscopy			
56399	Replaced by 49329 and 58579		PA - no (Refer to Bulletin 00 - 38, Unspecified Services and Procedures)

New CPT Codes Requiring Prior Authorization

In addition to the CPT codes listed above which replace codes previously covered with prior authorization, the following new CPT codes are also covered only with prior authorization. For details, refer to the code on the replacement pages dated April 2000.

- 33140 Transmyocardial laser revascularization, . . .
- 43280 Laparoscopy, surgical, esophagogastric fundoplasty (eg., Nissen, Toupet procedures)
- 54690 Laparoscopy, surgical; orchiectomy

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

Codes with Descriptor Changes

Descriptors for the following codes on the list have been corrected: 22630, 29879, 63030, 63056, 83013, 90799, 95816, 95819, 99199, 99295, 99296, 99297.

CPT Codes No Longer Requiring Prior Authorization

Two existing codes no longer require prior authorization and have been removed from the list.

- 49565 Repair recurrent incisional hernia; reducible
49570 Repair epigastric hernia, (for example, preperitoneal fat); reducible (separate procedure)

Replacement Pages

Attached to this bulletin are pages to update the Medical and Surgical Procedures List. New codes are in bold print. A vertical line in the margin marks where text has changed. An asterisk (*) marks where text was deleted.

Remove outdated pages 21 through 24*, 25 through 34, 41 - 42 through 44, and 49 through 58. Replace these with the pages attached. Corrections are effective January 1, 2000, in accordance with instructions for use of the 2000 HCPCS codes. For more information on effective dates, refer to Bulletin 00 - 26, Health Common Procedure Coding System - 2000 Revisions.

*On page 24, limitations were added to four existing CPT codes. For more information, refer to Bulletin 00 - 15, CPT List of Codes Requiring Prior Approval Updated: Addition of Codes 43850, 43855, 43860, 43865, issued in January 2000. □

00 - 35 Laboratory Services: CLIA Requirements

The CLIA lists, CLIA Certificates and Excluded Codes and CLIA Waiver Kits, have been updated. Labs and providers of physician services will find a copy of the CLIA lists attached. Please remove the existing lists and replace with the January 2000 lists attached.

Other providers who want the revised lists should contact Medicaid Information; ask for the January 2000 CLIA lists. □

00 - 36 Hospital Surgical Procedures (ICD-9-CM Codes)

Effective January 1, 2000, the Hospital Surgical Procedures Code List was updated to replace discontinued CPT codes with replacement codes added by HCPCS 2000. The list below shows the ICD-9 code, the discontinued CPT code to which it is related, and the replacement CPT code. Prior authorization is required for the new CPT codes.

ICD-9 Codes	Related to	Replacement CPT
Laparoscopy, surgical codes		
66.2, 66.21, 66.22, 66.29	56301	Replaced by 58670
66.3, 66.31, 66.32, 66.39	56302	Replaced by 58671
65.41; 65.49; 65.61; 65.63; 65.64	56307	Replaced by 58661
65.4, 65.6; 68.51; 68.59	56308	Replaced by 58550
68.12, 68.29	56309	Replaced by 58551
62.3, 62.4	56318	Replaced by 54690
44.66	56349	Replaced by 43280
Hysteroscopy, surgical codes		
68.12	56350	Replaced by 58555
68.16	56351	Replaced by 58558
68.12	56352	Replaced by 58559
68.12	56353	Replaced by 58560
68.12	56354	Replaced by 58561
68.12	56355	Replaced by 58562
68.12; 68.23	56356	Replaced by 58563

Providers of hospital services will find four pages attached to update the Hospital Surgical Procedures List (pages 3 - 4, 7 through 12). Codes in bold print are newly added. A vertical line in the margin indicates where text changed. □

00 - 37 Mental Health Centers: SECTION 2 Updated

SECTION 2 of the Utah Medicaid Provider Manual for Mental Health Centers has been updated. Revisions include clarifications, information on the Quality Improvement Plan, and requirements for services provided in a tele-health setting. Mental Health Centers will find attached SECTION 2, pages 1 - 18, to update their provider manual. □

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
 - by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 38 Unspecified Services and Procedures

A number of new, unspecified or nonspecific procedure codes are added with the 2000 edition of the CPT Manual. We want to remind you that such codes have limitations and specific requirements for payment. The requirements are stated in SECTION 1 of the Utah Medicaid Provider Manual, Chapter 9 - 1, Unspecified Services and Procedures. The same policy is repeated on page 3 of the Medical and Surgical Procedures List. Briefly, policy states,

“Do not use unspecified service or procedure codes to provide services which are not a Medicaid benefit. . . Submit documentation for these codes with the claim form for prepayment review. Documentation should include medical records, such as the operative report, patient history, physical examination report, pathology report, and discharge summary, which provide enough information to identify the procedure performed and to support medical necessity of the procedure.”

In the past, unspecified codes often ended in the digits ‘99’. However, unspecified codes may end in other digits, as evidenced by the list below. Unlisted codes added in the 2000 HCPCS are as follows:

38129 Unlisted laparoscopy procedure, spleen
 38589 Unlisted laparoscopy procedure, lymphatic system
 43289 Unlisted laparoscopy procedure, esophagus
 43659 Unlisted laparoscopy procedure, stomach
 44209 Unlisted laparoscopy procedure, intestine (except rectum)
 44979 Unlisted laparoscopy procedure, appendix
 47579 Unlisted laparoscopy procedure, biliary tract
 49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
 49659 Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
 50549 Unlisted laparoscopy procedure, renal
 54699 Unlisted laparoscopy procedure, testis
 55559 Unlisted laparoscopy procedure, spermatic cord
 58578 Unlisted laparoscopy procedure, uterus
 58579 Unlisted hysteroscopy procedure, uterus
 58679 Unlisted laparoscopy procedure, oviduct, ovary
 59898 Unlisted laparoscopy procedure, maternity care and delivery
 60659 Unlisted laparoscopy procedure, endocrine system

Providers are expected to identify unlisted codes by descriptor and adhere to Medicaid policy. □

00 - 39 Codes NOT Authorized for an Assistant Surgeon

The list Codes NOT Authorized for An Assistant Surgeon in the Utah Medicaid Provider Manual for Physician Services has been updated to include changes introduced by HCPCS 2000. (Codes on this list may be covered by Medicaid but are NOT covered for an assistant surgeon.) Discontinued codes are removed, and replacement codes are added. Providers of physician services will find a new list attached. For more information regarding the effective dates of revisions, refer to Bulletin 00 - 26, Health Common Procedure Coding System - 2000 Revisions.

Codes Discontinued and Replaced.

CPT codes which are discontinued and have replacement codes not covered for an assistant surgeon are listed below.

Deleted	Replacement Code Not Covered for Assistant Surgeon
13300	Replaced by 13102, 13122, 13133, 13153
15580	Replaced by 15574
15625	Replaced by 15620
33242	Replaced by 33218, 33200
61855	Replaced by 61822
Laparoscopy, surgical codes:	
56300	Replaced by 49320
56301	Replaced by 58670
56302	Replaced by 58671
56303	Replaced by 58662
56304	Replaced by 58660
56305	Replaced by 49321
56306	Replaced by 49322
56309	Replaced by 58551
56315	Replaced by 44970
Hysteroscopy, surgical codes	
56350	Replaced by 58555
56351	Replaced by 58558
56352	Replaced by 58559
56353	Replaced by 58560
56354	Replaced by 58561
56355	Replaced by 58562
56356	Replaced by 58563
56362	Replaced by 47560
56363	Replaced by 47561
Unlisted procedure, laparoscopy	
56399	Replaced by 49329 and 58579
62274	Replaced by 62310, 62311
62276	Replaced by 62318, 62319

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
 - by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

62277 Replaced by 62318, 62319
 62278 Replaced by 62311
 62279 Replaced by 62319
 62288 Replaced by 62310, 62311
 62289 Replaced by 62311
 64440 Replaced by 64479 - 64483
 64441 Replaced by 64480 - 64484
 64442 Replaced by 64475
 64443 Replaced by 64476

Codes Added to List “. . . NOT Authorized for An Assistant Surgeon”

The following codes are NOT covered for an assistant surgeon and have been added to the list: 11980, 13102, 13122, 13133, 13153, 20979, 22318, 22319, 27096, 32997, 33284, 36521, 36550, 36819, 38129, 38570, 38589, 39560, 43280, 43289, 43652, 44200, 44201, 44970, 47562, 47563, 47564, 47570, 49320, 49321, 49322, 49323, 49329, 49650, 49651, 49659, 50541, 50544, 50547, 50548, 51990, 51992, 54690, 54692, 54699, 55550, 55559, 58551, 58555, 58558, 58559, 58560, 58561, 58562, 58563, 58578, 58579, 58660, 58662, 58670, 58671, 58672, 58673, 58679, 59898, 62263, 62310, 62311, 62318, 62319, 64470, 64472, 64475, 64476, 64479, 64480, 64483, 64484, 64626, 64627, 72275, 73542, 76005, 76873, 77427, 77520, 77523, 78456, 80048, 80053, 80069, 80074, 80076, 92961, 93727, 93741, 93742, 93743, 93744, 99170. □

00 - 40 Client Newsletter *Clientell* to Be Published by Health Care Financing

The *Clientell* is a quarterly publication mailed to all households receiving a Medicaid card. The purpose is to educate and inform clients of Medicaid policies, procedures and other issues. It is also a tool to share community resources.

Articles will be compliant with the Medicaid information and communication requirements of the Balanced Budget Act of 1997 (BBA). That act requires states to provide information about Medicaid managed care that is easy for clients to understand. The Utah Medicaid population is a very diverse group of people. Our goal is to make the information easily understood and sensitive to literacy barriers and cultural differences in this population.

Copies of *Clientell* articles are available on the Internet at www.health.state.ut.us/medicaid/html/clientell. Copies may be printed and freely distributed for nonprofit, educational purposes.

The editor of the *Clientell* is Randa Pickle, Consumer Advocate for the Division of Health Care Financing. We welcome suggestions for articles from providers and other interested parties. Please call 1-877-291-5583 or e-mail suggestions to rpickle@doh.state.ut.us. □

00 - 41 Health Risks of Tobacco Use: Free Provider Materials

The Utah Department of Health, Division of Community and Family Health Services, Tobacco Prevention Program offers free-of-charge materials about health risks of tobacco use. This bulletin emphasizes materials to help providers talk to children and teens about the risks. The American Academy of Pediatrics recommends educating children about tobacco use when they are as young as eight. The free materials include a mini-magazine, stickers, and buttons.

The mini-magazine, called "I Got The Gear," is targeted at teenagers who already smoke. A pocket size version is ideal for teens on the go. The magazine contains information on quitting smoking, making plans to quit, and the END (Ending Nicotine Dependence) Program. This tobacco reduction and cessation program is specially designed to help adolescents quit using tobacco.

Smoking status stickers for a patient's chart are also available. Easy to use, the stickers include a toll-free number to give to patients to learn more about quitting. Providers can also wear a button, "Ask Me About Quitting," to prompt teens to ask questions.

All materials are ready for distribution. To order the mini-magazine or pocket-size version, smoking status stickers, or "Ask Me About Quitting" buttons, please call 1-888-567-TRUTH (1-888-567-8788) or e-mail aalward@doh.state.ut.us. If you have used the materials, we would appreciate you letting us know how they have worked for you and what other materials would be helpful. Please contact Julie Olson at jolson@doh.state.ut.us with feedback. □

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 42 Prior Approval Required for Adagen (Pegademase bovine) and Cerezyme (Imiglyceraze)

Effective March 1, 2000, Medicaid added a prior approval requirement to Adagen (Pegademase bovine) and to Cerezyme (Imiglyceraze). Criteria are listed below. Pharmacists and providers of physician services will find attached pages 1 - 2 and 19 - 20 to update the Drug Criteria and Limits List in the Utah Medicaid Provider Manual.

Adagen (Pegademase bovine)

Adagen (Pegademase bovine) is covered only for patients with documented adenosine deaminase deficiency (ADA) deficiency. The pharmacist must obtain written prior authorization (PA). Required documentation includes:

- A. Copy of prescription from physician.
- B. Name, address, phone number of prescribing physician.
- C. Name, address and phone number of pharmacy.

The PA is valid for six months. If there is a change in dose, a new prior authorization is required. Medicaid must be notified in writing. Send copy of the new prescription.

For dosage information, refer to page 20 of the Drug Criteria and Limits List attached.

Cerezyme (Imiglyceraze)

Cerezyme (Imiglyceraze) is covered only for patients with documented Goucher's Disease. The pharmacist must obtain written prior authorization (PA). Required documentation includes:

- A. Copy of prescription from physician.
- B. Name, address, phone number of prescribing physician.
- C. Name, address and phone number of pharmacy.

The original PA is valid for six months. If there is a change in dose, a new prior authorization is required. Medicaid must be notified in writing. Send copy of the new prescription.

For dosage information, refer to page 20 of the Drug Criteria and Limits List attached. □

00 - 43 Plan B®: 30-Day Limit

Effective May 1, 2000, there is a 30 day cumulative limit on Plan B®, NDC 64836000001, gcnsqno 043899. The limit is four tablets (two tablets per kit).

Pharmacists and providers of physician services will find attached pages 3 - 4 to update the Drug Criteria and Limits List in the Utah Medicaid Provider Manual. □

00 - 44 Limits on New Drugs Vioxx and Celebrex

Vioxx and Celebrex are the two new "COX-2 NSAIDS" (non-steroidal anti-inflammatory drugs). The cumulative limit for each is 60 per 30 day period, effective November 1, 1999. Use "COX-2 NSAID" in the diagnosis field of your billing software.

Pharmacists and providers of physician services will find attached pages 3 - 4 to update the Drug Criteria and Limits List in the Utah Medicaid Provider Manual. Note that there are three drug types added to the Table of Contents. In addition to the two new COX-2 NSAIDS, the list includes Adagen (Pegademase bovine) and Cerezyme (Imiglyceraze). Refer to Bulletin 00 - 42, Drugs Added for Coverage: Adagen (Pegademase bovine); Cerezyme (Imiglyceraze). □

00 - 45 Botox as Injectable, Not Medication

Effective April 15, 2000, BOTOX® will be available only through the physician program using code J0585. The clinics under the direction of the Utah Department of Health, Bureau of Children's Special Health Care Needs, are the sole exception to this policy limitation. Botox will not be available through the pharmacy program effective April 15, 2000.

Reimbursement for Botox will be set at \$4.70 per unit. Botox comes as a 100 unit vial. The current AWP price for Botox is: \$462.50. Please bill on a HCFA-1500 and include diagnosis. Botox is not covered for cosmetic use. □

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

Send the Publication Request Form attached.

- by FAX: 1-801-538-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 46 Injectable Medication Codes

This bulletin describes coverage of injectable medication codes (J - codes) included in the 2000 Health Common Procedure Coding System (HCPCS) procedure codes update. Reimbursement to physicians for these codes is made at 5% below Medicare's participating physician's allowable cost. HCPCS descriptors for covered codes, abbreviated in this bulletin, are given in full in the code list. Injectable medications which are not on the Medicaid Injectable Medications List are NOT covered by Medicaid.

For information on the effective dates of code changes, refer to Bulletin 00 - 26, Health Common Procedure Coding System - 2000 Revisions.

Discontinued Codes

J1760 Feostat, 2 mg.
J1770 Iron Dextran, 5 ml
J1780 Iron Dextran, 10 ml
J7503 Cyclosporine (Sandimmune), 50 mg

Codes Added

New codes covered by Medicaid are listed below in numerical order with a brief descriptor.

J0200 Alatrofloxacin mesylate, 100 mg
J0456 Azithromycin, 500 mg
J1327 Eptifibatide, 5 mg
J1438 Etanercept, 25 mg
J1450 Fluconazole, 200 mg
J1750 Iron dextran, 50 mg
J2352 Octreotide acetate, 1 mg
J2543 Piperacillin sodium/tazobactam sodium. . .
J2780 Ranitidine hydrochloride, 25 mg
J3245 Tirofiban hydrochloride, 12.5 mg
J7516 Cyclosporine, parenteral, 250 mg
J7608 Acetylcysteine, inhalation solution. . .
J7618 Albuterol, inhalation solution . . .
J7619 Albuterol, inhalation solution . . .
J7628 Bitolterol mesylate, inhalation solution . . .
J7629 Bitolterol mesylate, inhalation solution . . .
J7631 Cromolyn sodium, inhalation solution . . .
J7635 Atropine, inhalation solution . . .
J7636 Atropine, inhalation solution . . .
J7637 Dexamethasone, inhalation solution . . .
J7638 Dexamethasone, inhalation solution . . .
J7639 Dornase alpha, inhalation solution . . .
J7644 Ipratropium bromide, inhalation solution . . .

J7648 Isoetharine hcl, inhalation solution . . .
J7649 Isoetharine hcl, inhalation solution . . .
J7658 Isoproterenol hcl, inhalation solution . . .
J7659 Isoproterenol hcl, inhalation solution. . .
J7668 Metaproterenol sulfate, inhalation solution. . .
J7669 Metaproterenol sulfate, inhalation solution . . .
J7680 Terbutaline sulfate, inhalation solution . . .
J7681 Terbutaline sulfate, inhalation solution . . .
J7682 Tobramycin, unit dose form, . . . , inhalation solution, . . .
J9001 Doxorubicin hydrochloride, all lipid formulations, 10 mg
J9355 Trastuzumab, 10 mg
J9357 Valrubicin, intravesical, 200 mg

Descriptors Revised

Descriptors for the following codes were revised: J0290, J0690, J1260, J1825, J3240, J3370, J704, J7505.

CPT Codes Added for Respiratory Syncytial Virus Immune Globulin Products

Refer to Bulletin 00 - 47, Respiratory Syncytial Virus Immune Globulin Products: Use CPT Codes To Bill.

Injectable Medications List Updated

Physicians, licensed nurse practitioners, and osteopaths will find pages attached to update the Injectable Medications List in the Utah Medicaid Provider Manual. Other providers who want the revised list should contact Medicaid Information; ask for the January 2000 Injectable Medications List. □

00 - 47 Respiratory Syncytial Virus Immune Globulin Products: Use CPT Code To Bill

Two CPT codes are identified for Respiratory Syncytial Virus Immune Globulin (Respigam®).

- Code 90378 is RSV-Ig-M for intramuscular use, which is covered by Medicaid.
- Code 90379 is RSV-Ig-M for intravenous use, which is not covered by Medicaid.

The CPT code identifies the immune globulin product only. Use the appropriate code to report in addition to the administration code (90780 - 90784 as appropriate). CPT code 90378 replaces the unassigned J - code for RSV on the Injectable Medications List. □

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
 - by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 48 Medical Supplies List Updated

This bulletin describes coverage of medical supply codes included in the 2000 Health Common Procedure Coding System (HCPCS) procedure codes update. Only codes which are on the Medical Supplies List are covered by Medicaid.

For more information on the effective dates for 2000 HCPCS updates, refer to Bulletin 00 - 26, Health Common Procedure Coding System - 2000 Revisions.

Non-Covered Codes

Medical supply codes which are not on the Medical Supplies List are not covered by Medicaid.

Changes to the Medical Supplies List

Code deletions, revisions, and additions are summarized in the table below. HCPCS descriptors for covered codes, abbreviated in this bulletin, are given in full in the code list. Codes are grouped according to their category on the Medical Supplies List.

Corrected Pages for Medical Supplies List

Physicians and medical suppliers will find attached the following pages to update the Medical Supplies List: pages are 3B - 4, 5 - 6, 7 - 8; 17 - 18, 19 - 20; 29 - 30 and 31 - 32. New codes added are in bold print. Text changes are marked by a vertical line in the left margin.

To economize on printing and mailing costs, we are not reissuing to physicians page 56 on which the only change is a change in a code descriptor nor the index. If you want an updated list with descriptor changes and the updated index, please contact Medicaid Information. Ask for the January 2000 Medical Supplies List.

- D - Discontinued Code
R - Revised Code
A - Added Code

D	R	A	Code	Descriptor (abbreviated)
OSTOMY SUPPLIES, formerly pages 6 - 7; now pages 5 - 6				
Discontinued			A4363	Skin barrier; liquid
		Added	A4369	Ostomy skin barrier, liquid . . .

D	R	A	Code	Descriptor (abbreviated)
OSTOMY SUPPLIES, continued				
	Added		A4370	Ostomy skin barrier, paste, . . .
			A4371	Ostomy skin barrier, powder, . . .
			A4372	Ostomy skin barrier, solid 4x4 or equivalent . . .
			A4373	Ostomy skin barrier, with flange . .
			A4375	Ostomy pouch, drainable, . . .
			A4376	Ostomy pouch, drainable, . . .
			A4377	Ostomy pouch, drainable, . . .
			A4378	Ostomy pouch, drainable, . . .
			A4379	Ostomy pouch, urinary, . . .
			A4380	Ostomy pouch, urinary, . . .
			A4382	Ostomy pouch, urinary, . . .
			A4383	Ostomy pouch, urinary, . . .
			A4384	Ostomy faceplate equivalent, . . .
			A4385	Ostomy skin barrier, . . .
			A4386	Ostomy skin barrier, . . .
			A4387	Ostomy pouch closed, . . .
			A4388	Ostomy pouch, drainable, . . .
			A4389	Ostomy pouch, drainable, . . .
			A4390	Ostomy pouch, drainable, . . .
			A4391	Ostomy pouch, urinary, . . .
			A4392	Ostomy pouch, urinary, . . .
			A4393	Ostomy pouch, urinary, . . .
	Revised		A5126	Adhesive or non-adhesive . . .
MISCELLANEOUS SUPPLIES, p. 8				
	Added		E0602	Breast pump, all types
PUMPS, p. 17 - 19				
	Added		E0602	Breast pump, all types
			E0779	Ambulatory infusion pump, . . .
			E0780	Ambulatory infusion pump, . . .
	Revised		E0781LR	Ambulatory infusion pump, . . .
OXYGEN and RELATED RESPIRATORY EQUIPMENT, p. 26 - 31				
	Revised		E0450LR	Volume ventilator; . . .
Discontinued			E0452	Intermittent assist device . . .
			E0453	Therapeutic ventilator (BiPap)
	Revised		E0601	Nasal continuous airway pressure (CPAP) device
HUMIDIFIERS and NEBULIZERS, p. 32				
	Added		A7017	Nebulizer, durable, . . .
			K0531	Humidifier, heated, . . .
PROSTHETICS, LOWER LIMB, p. 52 - 56				
	Revised		L5925	Addition, endoskeletal system, . . .
			L5968	Addition to lower limb prosthesis, . .



Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
 - by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 49 Diabetes Self Management Training

Diabetes Self Management Training was announced in the October 1999 Medicaid Information Bulletin, and policy was added to the Utah Medicaid Provider Manual for Physician Services. Approval from the federal Health Care Financing Administration (HCFA) required much longer than originally thought. The program was finally approved by HCFA in January 2000 with the stipulation that the recognized ADA diabetes self training program (or Utah Department of Health certified program) must be taught by registered nurses and certified dietitians. HCFA allowed an effective date of October 1, 1999.

The two paragraphs below briefly summarize the diabetes self management training policy. For more information, refer to SECTION 2, PHYSICIAN SERVICES, Chapter 2, Covered Services, item 30.

Patient preauthorization for diabetes self management training requires physician referral. Initial patient training is limited to ten hours of training. Additional training may be authorized with physician referral to address specific patient identified needs no sooner than 12 months from the initial training. The patient should be informed of the importance of completion of the initial training and sign a contract of agreement to make every attempt to follow through with training sessions. The patient is informed that if they do not complete the classes there is a one year waiting period before further classes will be authorized.

Authorized Providers

Programs wishing to participate in Diabetes Self Management Training will be required to submit a certificate showing they are a recognized American Diabetes Association (ADA) diabetes self management training program or Utah Department of Health certified program. Please call the Utah Health Department, Bureau of Diabetes Control, at 538-6141 for more information. A copy of the license/certification of the registered nurse and dietitian providing training within the program will also be required in order to obtain a group provider number from provider relations. Authorized Diabetes Self-Management training will use code Y0944 to bill for each one hour session.

Physician Manual Updated

Providers of physician services will find attached page 12 to update SECTION 2 of the Utah Medicaid Provider Manual for Physician Care Services, Chapter 2, Covered

Services, item 30, Diabetes Self-Management Training. A vertical line in the margin shows where text changed on the page to add the requirement that the diabetes self training program must be taught by a registered nurse and certified dietitian. □

00 - 50 Home Health Agencies: Telehealth Skilled Nurse Pilot Project for Patients in Rural Areas

The Telehealth Home Care project was announced in the January 2000 Medicaid Information Bulletin, and policy was added to the Utah Medicaid Provider Manual for Home Health Services. The federal Health Care Financing Administration (HCFA) officially approved the project in December 1999.

The two paragraphs below briefly summarize the Telehealth home care policy. For more information, refer to SECTION 2, Home Health Services, Chapter 4 - 5, Telehealth Skilled Nurse Pilot Project for Patients in Rural Areas.

A portion of home care service may be provided using Telehealth equipment to patients residing in rural areas of Utah. Patients eligible to receive Telehealth home care services must have diabetes. The patient must require a level of care which makes Telehealth feasible for both the patient and the agency. The patient must be willing and able to use the necessary Telehealth equipment.

Home health agencies wishing to participate in Telehealth home care need to call utilization management at 538-6123 to authorize Telehealth Home care services. □

00 - 51 Audiology Services: Hearing Aid Assessment

Code V5010, Assessment for hearing aid can only be billed one per day. This is a global fee including multiple assessment for the same date of service. Multiple billings for this code for the same date of service will be denied. Code V5010 is limited to one line item and one unit of service per day on the HCFA 1500 form. Audiologists will find attached pages 10 - 11 of SECTION 2 of the Utah Medicaid Provider Manual for Audiology Services to update their manual. □

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
 - by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 52 Procedural Change in Rebilling UMAP Claims to Medicaid

UMAP providers who have a lot of UMAP reimbursed services could see quite a few debits and credits on their remittance advice each week. In most cases, the debit and credit will be for the same amount. This activity will be for a limited time.

The UMAP program is reprocessing all claims submitted during the past two years and billing certain charges to Medicaid. Once all old UMAP claims are reprocessed, new claims will be reprocessed each week. Then the impact of this procedural change will be minimal to UMAP providers.

For various reasons, some people who start out with UMAP eligibility become eligible for retroactive Medicaid. Then Medicaid can cover part of or all services paid by UMAP. UMAP recovers the money paid by billing Medicaid for the dates of service which are now Medicaid eligible. Funds recovered are used to purchase additional medical services for individuals who qualify for the UMAP program.

For several months the remittance advice to UMAP providers will show claims rebilled to Medicaid. There may be a "credit" for a claim paid from UMAP funds, a "debit" for a UMAP payment being taken back, and a final "credit" for the claim now paid from Medicaid funds. If you have a question or concern with this procedural change, contact Jacky Stokes at (801) 538-6418.

00 - 53 Use Correct Medicaid I.D. Number to Bill Physical and Occupational Therapy in Rehabilitation Centers

Physical therapists and occupational therapists who sign an agreement with Medicaid under the new provider type for Physical and Occupational Therapy for Rehabilitation Centers are often assigned two Medicaid Provider Identification Numbers (PIN). One number is for an independent physical therapist or occupational therapist. The other number is for a therapist in a rehabilitation center. Please remember to use the correct Medicaid provider number when requesting prior authorization for services, particularly for combined P.T. and O.T. services.

Using the correct provider number facilitates prior authorization requests and claim processing. The program for P.T. and O.T. for Rehabilitation Centers has different codes for similar services. Claims are matched with the provider type associated with the Medicaid provider's I.D. number. Claims are denied when the services billed are not allowed for the provider type associated with the I.D. number. □

00 - 54 Submission Deadlines for Inpatient Medical Records

Medicaid Information Bulletin 84-30 specified "...Recovery of reimbursement will be made IF:...The provider fails to submit photocopies of medical records, as requested by the Agency, within the time frame specified in the request."

The "time frame specified in the request" has been set at 20 working days for a number of years. The certified letter sent to providers requesting the medical records specifies that the provider must respond within 20 working days from the date of receipt of the letter.

It is essential that providers respond within the time frame specified. Failure to comply may result in the payment being automatically denied. If there is a dispute about when the response was received, the provider must provide proof that the response was provided within 20 working days.

Failure to respond within the time frame specified will result in a denial on procedural grounds. An appeal of that denial would have to show how the provider complied with the 20 working day response requirement. □

00 - 55 Vision Care Services: Ophthalmic and Optometric Codes Added

SECTION 2 of the Utah Medicaid Provider Manual for Vision Care Services was updated in October 1999. However, three covered vision codes were inadvertently omitted from the list of ophthalmic and optometric codes. In the list below of additional covered codes, the descriptor is abbreviated.

- 92082 Intermediate visual field examination with medical diagnostic evaluation, limited examination; . . .
- 92283 Color vision examination, extended, . . .
- 92310 Prescription of optical and physical characteristics of and fitting of contact lens, . . .

Updating the Vision Care Manual

Vision care providers will find attached replacement pages 12 - 13 to update SECTION 2 of their manual. (Ophthalmologists, please contact Medicaid Information to obtain a current copy of SECTION 2, Vision Care Services. Because Medicaid classifies ophthalmologists as "physicians," we are not able to identify ophthalmologists who should be included in the mailing group for vision care providers. You may make your request by phone; mail or fax the Publication Request Form attached; or send an e-mail message to "hbradsha@doh.state.ut.us". □

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

00 - 56 Dental Care Services: Year 2000 Code Changes

The Utah Medicaid Provider Manual for Dental Care Services is updated to include the changes listed in this bulletin. For more information on the effective dates for 2000 HCPCS updates, refer to Bulletin 00 - 26, Health Common Procedure Coding System - 2000 Revisions.

HCPCS 2000 Code Changes

1. The descriptor for D3220 has changed.
2. Code D7470, removal of exostosis-maxilla/mandible, is discontinued. Use code D7471, removal of exostosis - per site, instead. NOTE: D7470 was inadvertently left out when SECTION 2, Dental Care Services, was reissued in October 1999. D7471 is added to codes for oral surgery services. It must be done in conjunction with a new denture or partial denture fabrication and requires written prior approval.
3. Code D9240, I. V. sedation, is discontinued. Use code D9241, I. V. sedation, instead. However, pediatric dentists who have been using code D9420 when it is not a true I.V. situation should use code D9248, non-intravenous conscious sedation.
4. Code D9610, sedation by intra oral injection, is discontinued. Use code D9248, non-intravenous conscious sedation, instead.
5. Code Y0550, replacement retainer is discontinued. Use code D8692, replacement retainer, instead. This service is limited to one per lifetime for those who are receiving orthodontic treatment paid by Utah Medicaid.

Replacement Pages

Attached to this bulletin are three pages to update SECTION 2, Dental Care Services. Remove outdated pages 6 - 7, 20 - 21 and 22 - 23. Replace these with the pages attached. A vertical line is placed in the left margin next to text which has changed. An asterisk (*) indicates where text was deleted. Codes in bold print are newly added.

To economize on printing and mailing costs, we are not reissuing pages on which the only change is the descriptor of a CPT 2000 code. If you want the updated list with descriptor changes, please contact Medicaid Information. Ask for the April 2000 SECTION 2, Dental Care Services. □

00 - 57 Oral Surgeons: Year 2000 Code Changes

The Utah Medicaid Provider Manual for Oral Maxillofacial Surgeon Services is updated to include code changes effective April 1, 2000. For more information on effective

dates for HCPCS updates, refer to Bulletin 00 - 26, Health Common Procedure Coding System - 2000 Revisions.

Code Changes

Code changes effective April 1, 2000, are:

1. Code 13300, repair, unusual, complicated, is discontinued. As per CPT 2000, use 13122, 13133, and 13153 to report. (The CPT 2000 includes 13102 in the substitute group for code 13300, but Medicaid does not cover 13102 for oral surgeons.)
2. In accordance with HCPCS 2000, the descriptors for codes D3220, D7285 and D7286 have changed.

Replacement Pages

Attached to this bulletin are pages 20 - 21 to update SECTION 2, Oral Maxillofacial Surgeon Services. Remove the outdated pages and replace with the pages attached. A vertical line is placed in the margin next to text which has changed.

To economize on printing and mailing costs, we are not reissuing pages on which the only change is a CPT 2000 code descriptor change. If you want the updated list with descriptor changes, please contact Medicaid Information. (See box at bottom of page.) Ask for the April 2000 SECTION 2, Oral Maxillofacial Surgeon Services. □

00 - 58 Immunization Schedule for 2000

Physicians, osteopaths and licensed nurse practitioners will find attached the Recommended Childhood Immunization Schedule for 2000. Hepatitis A has been added. The schedule is in two Utah Medicaid Provider Manuals: Physician Services and Child Health Evaluation and Care Program (CHEC) Services.

Updating the Physician Services Manual

In the Physician Services manual, the Immunization Schedule is a one-page attachment. However, because many physicians are also CHEC providers, the attached Immunization Schedule is printed as it appears in SECTION 2 of the CHEC manual; that is, as 'Appendix B'. Remove the outdated Immunization Schedule from the Physician Services manual and replace with the current schedule. Providers who are not also CHEC providers can disregard Appendix A on page 14.

Updating the CHEC Manual

In the CHEC Services manual, the Immunization Schedule is Appendix B on page 15 of SECTION 2. Remove the old pages 14 - 15 (Appendix A and B) and replace with the updated pages 14 - 15 attached. □

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Requesting a Medicaid publication or form?

- Send the Publication Request Form attached.
- by FAX: 1-801-538-0476
 - by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106